O | Attorney Docket No.: 633032-002

DECLARATION

below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled:

BRAIDED GOLD SUTURE AND METHOD OF USE

•	• •		•			
de	CCTI	hed	and	C	วาท	ıed

	in the attached specification;
<u>X</u>	in the specification filed June 25, 2003,
	as U.S. Application Serial No. 10/606,192,
	and as amended

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as filed and as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Send Correspondence To:

Mark P. Levy, Esq. Thompson Hine LLP 2000 Courthouse Plaza, N.E. 10 West Second Street Dayton, Ohio 45402-1758

Direct Telephone Calls To:

Mark P. Levy, Esq. (937) 443-6949

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Docket No. 633032-002 Declaration

Full name of sole or first Inventor – Bradley R. Wolf

	2 11 01 01	1
Inventor's Signature	Brilley K. Wol	λ
	al I las	$(\ '$
Date:	7/16/23	<u></u>

Residence: 11821 Mason Road

Cincinnati, Ohio 45249

Citizenship: United States

Post Office Address: Wolf Medical Enterprises, Inc.

11821 Mason-Montgomery Road

Cincinnati, Ohio 45249

Full name of second Inventor - Igor A. Bogin

Inventor's Signature 402 Bogin

Date: 4/16/03

Residence: 117/62 Kojamkulova Street

Alma-Aty, KAZAKHSTAN 48064

Citizenship: Kazakhstan

Post Office Address: Wolf Medical Enterprises, Inc.

11821 Mason-Montgomery Road

Cincinnati, Ohio 45249

Full name of third Inventor - Ruben A. Pogin

Inventor's Signature

Date: 4/16/03

Residence: 1362 Pannelly Place

Westerville, Ohio 43081

Citizenship: United States (naturalization)

Post Office Address: Wolf Medical Enterprises, Inc.

11821 Mason-Montgomery Road

Cincinnati, Ohio 45249

301014